Managed Care Organization Pricing Administration Guide

Version 2.9
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HP Confidential

Hewlett-Packard
US Government Solutions
313 Blettner Blvd.
Madison, WI 53784

TABLE OF CONTENTS

1 Introduction

1.1 Introduction

This guide was developed to help interpret the MCO rate extracts and to be used for supplemental ForwardHealth pricing documentation. Due to new code and policy releases, the information in this guide has the potential to change. If so, an updated guide will be distributed.

2 Max Fee Extract Field Layout

2.1 Field Layout

Below is the field layout for the max fee rate extract. Record sort order will be Contract Code, Procedure Code, Rate Type, Effective and End Date.

Field	Data Type	Max Length	Max Recursions	Description
Contract Code	Character	5	1	Code used to uniquely identify a Provider Contract.
Contract Name	Character	20	1	Provider Contract Name.
Procedure Code	Character	5	1	HCPCS or CPT Procedure Code.
BC+ BM/Core Billing Indicator (obsolete as of 04/01/2014)	Character	1	1	Indicates whether the service is billable for the Benchmark and/or Core Plans. N = Not a billable Benchmark or Core service. Y = Billable Benchmark and Core service. B = Billable Benchmark service only. C = Billable Core service only.
BP List	Character	8	Unlimited	List of Benefit Plans (BP) that are included or excluded from the reimbursement record, if applicable. For example: I~BCBP = Includes BC+ Benchmark E~BCBP = Excludes BC+ Benchmark
PT/PS List	Character	8	Unlimited	Inclusive list of Provider Types (PT) and Provider Specialties (PS) that are related to the reimbursement record, if applicable. For example: I~77/000 = Includes Providers with PT 77, regardless of specialty .
Age Min-Max	Character	9	1	Reimbursement age restrictions (minimum and maximum). Format is 999999 - 999999. Note: There is 1 space in front and behind the dash.
Pricing Indicator	Character	6	1	Code that identifies the reimbursement/pricing methodology: ANESTH, MAXFEE, BILLED or SYSMAN.
Rate Type	Character	3	1	Code that identifies the type of rate.
Max Fee Modifiers	Character	2	Unlimited	Max Fee and Reimbursement rule modifiers, if applicable.

Field	Data Type	Max Length	Max Recursions	Description
Rate	Number	10	1	Max fee rate for the procedure/service. Format is 9999999.99.
RVS Units	Number	5	1	Applicable relative value unit (RVU). Format is 999.9.
BAF Codes	Character	11	Unlimited	Benefit Adjustment Factor (BAF) codes, if applicable.
Effective Date	Date	8	1	First date of service the rate is effective. Format is CCYYMMDD.
End Date	Date	8	1	Last date of service the rate is effective. Format is CCYYMMDD.
POS List	Character	2	Unlimited	List of Places of Service (POS) that are included from the reimbursement record, if applicable. For example: I~08 = Includes Place of Service with 08

Additional Extract Information:

File Format: Text Delimited

Field Delimiter: Vertical Bar -> |

Sub-field Delimiter for recursive fields: Semi-colon ->;

Max Data Length per field recursion including special characters such as decimals.

End of Record: Each record is terminated by a Line Feed (LF) character.

Frequency: First of every month.

Records included: Include max fee for active rows where the end date is greater than the system date or less than 90 days before the system date.

Record field order:

Contract Code|Contract Name|Procedure Code| BC+ BM/Core Billing Indicator|BP List|PT/PS|Age|Pricing Method|Rate Type|Modifiers|Rate|RVS Units|BAF Code|Effective|End|POS

Record examples:

Example 1

MHAOD|Mntl Hlth-MH/AODA|H0022|B||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/900;31/000;33/000;58/000||MAXFEE|C32|HN|32.28|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-MH/AODA|H0022|B||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/900;31/000;33/000;58/000||MAXFEE|C32|HO|55.55|0.0||20080701|22991231|I~01;

03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-MH/AODA|H0022|B||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/900;31/000;33/000;58/000||MAXFEE|C32|HP|65.65|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-MH/AODA|H0022|B||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/900;31/000;33/000;58/000||MAXFEE|C32|UA|80.93|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-MH/AODA|H0022|B||I~10/000;11/080;11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;11/900;31/000;33/000;58/000||MAXFEE|C32|UB|80.93|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-MH/AODA|H0022|C||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000||MAXFEE|C32|HN|32.28|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-MH/AODA|H0022|C||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000||MAXFEE|C32|HO|55.55|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-MH/AODA|H0022|C||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000||MAXFEE|C32|HP|65.65|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-MH/AODA|H0022|C||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000||MAXFEE|C32|UA|80.93|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

MHAOD|Mntl Hlth-MH/AODA|H0022|C||I~11/125;11/801;11/802;11/803;31/339;33/339;58/000||MAXFEE|C32|UB|80.93|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

Example 2

MHHC|Mntl Hlth-Home/Comm|H0022|N||I~11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;31/00

0||MAXFEE|C36|HN|60.00|0.0|FFPMH6016|20040101|22991231|I~03;04;12;13;14;15;34;56;99

MHHC|Mntl Hlth-Home/Comm|H0022|N||I~11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;31/000||MAXFEE|C36|HO|90.04|0.0|FFPMH6016|20040101|22991231|I~03;04;12;13;14;15;34;56;99

MHHC|Mntl Hlth-Home/Comm|H0022|N||I~11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;31/000||MAXFEE|C36|HP|112.53|0.0|FFPMH6016|20040101|22991231|I~03;04;12;13;14;15;34;56;99

MHHC|Mntl Hlth-Home/Comm|H0022|N||I~11/112;11/122;11/123;11/124;11/125;11/801;11/802;11/803;31/000||MAXFEE|C36|UA|150.04|0.0|FFPMH6016|20040101|22991231|I~03;04;12;13;14;15;34;56;99

Example 3

ANSTH|Medical-Anesthesia|00100|Y||I~01/000;31/000;32/000;33/000||ANESTH|C03||17.75|5.0||20080701|22991231|I~01;05;06;07;08;09;11;20;21;22;23;24;25;26;49;50;51;57;60;61;71;72

ANSTH|Medical-Anesthesia|00100|Y||I~01/000;31/000;32/000;33/000||ANESTH|C03|QK|7.75|5.0||20080701|22991231|I~01;05;06;07;08;09;11;20;21;22;23;24;25;26;49;50;51;57;60;61;71;72

ANSTH|Medical-Anesthesia|00100|Y||I~01/000;31/000;32/000;33/000||ANESTH|C03|QX|10.84|5.0||20080701|22991231|I~01;05;06;07;08;09;11;20;21;22;23;24;25;26;49;50;51;57;60;61;71;72

ANSTH|Medical-Anesthesia|00100|Y||I~01/000;31/000;32/000;33/000||ANESTH|C03|QY|9.68|5.0||20080701|22991231|I~01;05;06;07;08;09;11;20;21;22;23;24;25;26;49;50;51;57;60;61;71;72

ANSTH|Medical-Anesthesia|00100|Y||I~01/000;31/000;32/000;33/000||ANESTH|C03|QZ|16.00|5.0||20080701|22991231|I~01;05;06;07;08;09;11;20;21;22;23;24;25;26;49;50;51;57;60;61;71;72

Example 4

DENTL|Dental|D0120|B|E~BCBEE;BCBPD|I~27/270;27/271;27/272;27/273;27/274;27/275;27/276;27/277;27/900;31/000;33/000;72/000|0 - 7|MAXFEE|PT2||32.51|0.0||20080701|22991231|I~21;22;24

DENTL|Dental|D0120|B|E~BCBEE;BCBPD|I~27/270;27/271;27/272;27/273;27/274;27/275;27/276;27/277;27/900;31/310;31/311;31/312;31/314;31/315;31/317;31/319;31/320;3

1/324;31/325;31/326;31/327;31/329;31/330;31/331;31/332;31/333;31/336;31/337;31/338;31/339;31/340;31/341;31/342;31/343;31/354;33/000;72/000|0 - 7|MAXFEE|C10||13.14|0.0|DNTL278|20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;23;25;26;31;32;33;34;49;50;51;54;56;57;60;61;71;72;99

DENTL|Dental|D0120|B|E~BCBEE;BCBPD|I~27/270;27/271;27/272;27/273;27/274;27/275;27/276;27/277;27/900;31/310;31/311;31/312;31/314;31/315;31/317;31/319;31/320;31/324;31/325;31/326;31/327;31/329;31/330;31/331;31/332;31/333;31/336;31/337;31/338;31/339;31/340;31/341;31/342;31/343;31/354;33/000;72/000|21 - 999|MAXFEE|C10||13.14|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;21;22;23;24;25;26;31;32;33;34;49;50;51;54;56;57;60;61;71;72;99

DENTL|Dental|D0120|B|E~BCBEE;BCBPD|I~27/270;27/271;27/272;27/273;27/274;27/275;27/276;27/277;27/900;31/310;31/311;31/312;31/314;31/315;31/317;31/319;31/320;31/324;31/325;31/326;31/327;31/329;31/330;31/331;31/332;31/333;31/336;31/337;31/338;31/339;31/340;31/341;31/342;31/343;31/354;33/000;72/000|8 - 20|MAXFEE|C10||13.14|0.0|DNTL278|20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;21;22;23;24;25;26;31;32;33;34;49;50;51;54;56;57;60;61;71;72;99

DENTL|Dental|D0120|B|E~BCBEE;BCBPD|I~31/316;31/318;31/322;31/328;31/345|0 - 7|MAXFEE|PT1||12.41|0.0|DNTL278|20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;23;25;26;31;32;33;34;49;50;51;54;56;57;60;61;71;72;99

DENTL|Dental|D0120|B|E~BCBEE;BCBPD|I~31/316;31/318;31/322;31/328;31/345|21 - 999|MAXFEE|PT1||12.41|0.0||20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;21;22;23;24;25;26;31;32;33;34;49;50;51;54;56;57;60;61;71;72;99

DENTL|Dental|D0120|B|E~BCBEE;BCBPD|I~31/316;31/318;31/322;31/328;31/345|8 - 20|MAXFEE|PT1||12.41|0.0|DNTL278|20080701|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;21;22;23;24;25;26;31;32;33;34;49;50;51;54;56;57;60;61;71;72;99

DENTL|Dental|D0120|B|I~BCBEE;BCBPD|I~27/270;27/271;27/272;27/273;27/274;27/275;27/276;27/277;27/900;31/000;33/000;72/000||SYSMAN|DEF|||||||I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;21;22;23;24;25;26;31;32;33;34;49;50;51;54;56;57;60;61;71;72;99

Example 5

AMBSR|Medical-Amb Surg Ctr|21141|C||I~02/000||SYSMAN|DEF|||||||I~24

3 Max Fee Extract Code Values and Descriptions

3.1 Contract Codes

The contract code value identifies the policy area for the displayed record. When a procedure code is present in multiple contracts, the rate data will be different depending on the contract code. Where applicable, there may be contract specific criteria which will help determine the contract rate to use.

Contract code values, contract descriptions, and contract determination criteria.

Provider Contract Code	Description	Contract Criteria PT/PS or Modifier(s)	Specific Rate Types used in contract*
AMBSR	Medical - Ambulatory Surgical Center	PT/PS 02/000	C01
AMBUL	Transportation - Ambulance	PT/PS 26/000	C02
ANSTH	Medical – Anesthesia	Modifiers AA, AD, QK, QS, QX, QY, QZ	C03
ASTSG	Medical - Assistant Surgery	Modifier 80, 81, 82, AS	C04 FAP – PT 71
AUDHA	Hearing Services - Hearing Aid and Audio logy	N/A	C05 RNT – Modifier RR
CCO	Community Care Organizations	PT/PS 69/000	PT1 – Barron Co. PT2 – LaCrosse Co. PT3 – Milwaukee Co.
CHIRO	Medical – Chiropractor	PT/PS 15/000	C07
CSMGT	Case Management	PT/PS 21/000	C09
DENTL	Dental Services	PT/PS 27/000 (CPT codes)	C10
DME	Durable Medical Equipment	N/A	C11 RTL – Modifier RR
DMS	Supplies - Disposable Medical Supplies	All provider types	C12
DMSJB	Supplies-Disposable Medical Supplies (incontinence and ostomy) for single vendor J&B Medical Supply.	PT 25/251	C54
DTAOD	Day Treatment for Alcohol and Other Drug Addiction	Modifier HF	C13
DTCHD	Day Treatment for Children	Modifier HA	C14
DTMED	Day Treatment Medical	Modifier HE	Provider specific rates
HCCM	HealthCheck - Case Management	Modifier EP	C17
HCMCR	High Cost Medically Complex Recipients	PT/PS 63/000	C18
HCPCC	HealthCheck Other - Pediatric Community Care	Modifier 59	C19
HCRS	Home Care - Respiratory	N/A	C21

Provider Contract Code	Description	Contract Criteria PT/PS or Modifier(s)	Specific Rate Types used in contract*
	Care Services		
HHPC	Home Care - Home Health and Personal Care	N/A	C22 HPC-PT 16
HIVHH	Health Home for Individuals with HIV/AIDS	N/A	C57
HOSPC	Hospice	PT/PS 06/000	005-096 and RWI – rates by county
LAB	Medical - Laboratory	N/A	LA5 – Global LAT – Modifier TC LAP – Modifier 26 FAP – PT 71 GFG – Global PT 71 PFP – Modifier 26 and PT 71 TFP – Modifier TC and PT 71
LTC	Long Term Care (Nursing Home Procedure Codes for Transportation)	PT/PS 03/000;57/000	C55
MEDSV	Medical - Medical Services	Not modifier 80,81,82 or PT /PS 02/000	C30 – Global surgical codes TEC – Modifier TC PRO – Modifier 26 CG1 – Global PT 10 TE1 – Modifier TC and PT 10 PR1 – Modifier 26 and PT 10 FAP – PT 71 GFP – Global PT 71 MED – non surgical odes PFP – PT 71 and mod 26 HLK- PT 72
MHADC	Mental Health Autism Diagnostic Confirmation	N/A	C31
MHAOD	Mental Health - Mental Health and Mental Health for Alcohol and Other Drug Addictions		C32
MHCCS	Mental Health - Comprehensive Community Services	PT/PS 80/652, 80/654, 80/655, 80/656	C33
MHCI	Mental Health - Crisis Intervention	PT/PS 80/650, 80/653, 80/654, 80/656	C34
MHCSP	Mental Health - Community Support Program	PT/PS 80/651, 80/653, 80/655, 80/656	C35
MHHC	Mental Health - Mental Health	Modifier UC	C36

Provider Contract Code	Description	Contract Criteria PT/PS or Modifier(s)	Specific Rate Types used in contract*
	and Substance Abuse Services in the Home or Community for Adults		
MHIHP	Mental Health - In Home Psychotherapy	Modifier HA	C37
MHNTS	Mental Health - Narcotic Treatment Services	Modifier HG	C38
MHPW	MHPW, SBIRT & HC-ED - Formerly just mental health substance abuse screening and preventive counseling for pregnant women, this contract now also includes mental health/substance abuse screening, brief intervention and referral to treatment (SBIRT) for the general population plus limited health care education and self-management for CORE Plan members with chronic asthma, diabetes and/or hypertension.	Modifier HE or HF	C53
MISC	Miscellaneous Code/PT	N/A	C52 FAP – PT 71
OUTPA	Outpatient Hospital	N/A	LAC – Modifier TC (Used for laboratory services)
PNCCC	Prenatal Child Care Coordination	PT/PS 21/000, 61/000	C43
RDLGY	Medical - Radiology	N/A	C44 TEC – Modifier TC PRO – Modifier 26 CG1 – Global PT 10 TE1 – Modifier TC and PT 10 PR1 – Modifier 26 and PT 10 GFG – Global PT 71 PFP – Modifier 26 and PT 71 TFP – Modifier TC and PT 71
REHAB	Therapy - Rehabilitation Centers - Occupational, Physical and Speech Therapy	PT/PS 04/000	C45 Provider specific rates
SBS	School Based Services	PT/PS 12/000	C46
SMV	Transportation - Specialized	PT/PS 51/000	C47

Provider Contract Code	Description	Contract Criteria PT/PS or Modifier(s)	Specific Rate Types used in contract*
	Medical Vehicle		
SPEC	Vision - State Purchase Eyeglass Program	Modifier U3 or PT/PS 19/191	C48
THERP	Therapy - Occupational, Physical and Speech Therapy	N/A	C49
VISN	Vision Services	N/A	C51

*Note: Rate types PT1-PT9 can be used in any contract and the specific PT/PS listed in record would be the main criteria for using that rate within the contract for that code.

Additional provider contracts and descriptions that will not be found in the Professional Max fee Extract.

Provider Contract Code	Description
COMA	Coma Certification - Hospital
ESRD	End Stage Renal Disease (refer to Medicaid *Update* 2011-45 for policy and pricing changes, effective as of September , 2011): https://www.forwardhealth.wi.gov/kw/pdf/2011-45.pdf
INPAT	Inpatient Hospital
INPPD	Inpatient Hospital Per Diem Only
LTC	Long Term Care (Nursing Home) – * Refers to provider-specific daily rates
MCERT	Medicaid Certification Only – Biller only
MEDCR	Medicare Crossover
MHCRS	Mental Health - Community Recovery Services
MLWCH	Milwaukee Children's Hospital
NDC	National Drug Code
NEURO	Neurobehavior Certification - Hospital
OUTPA	Outpatient Hospital (Note that most laboratory procedure codes are max fee priced as part of outpatient hospital reimbursement methodology)
VENT	Ventilator Certification - Hospital
WCDC	Wisconsin Chronic Disease - Adult Cystic Fibrosis
WCDH	Wisconsin Chronic Disease - Hemophilia HomeCare
WCDK	Wisconsin Chronic Disease - Renal Disease
WWWP	Wisconsin Well Woman

3.2 Benefit Plan Codes

The Benefit Plan codes identify a rate record specific for the BC+ Benchmark or Core plans.

Benefit Plan Code	Description
BCBP	BC+ Benchmark Plan (obsolete effective 04/01/2014)

Benefit Plan Code	Description
BCBPD	BC+ Benchmark Plan and Dental (obsolete effective 04/01/2014)
BCBEE	BC+ Benchmark Express Enrollment for Pregnant Wmn (obsolete effective 04/01/2014)
BCCP	BC+ Core Benefit Plan #1 (obsolete effective 04/01/2014)
BCCCO	BC+ Core Benefit Plan #2 (obsolete effective 04/01/2014)
DENTL	Dental Ortho/Dentures Only

3.3 Provider Type and Specialty Codes

The Provider Type (PT) / Specialty (PS) pricing determines a rate specific to the provider type and specialty of the performing provider. The guidelines are outlined below on who can be the performing provider on a claim.

Service Type	Billing or Rendering Provider
Institutional Services—NH, Outpatient, Inpatient	Billing provider only is required
Professional or Dental Services	Billing and Rendering providers are required. A billing indicator field was added to the provider report. The following rules must apply. 1. If the provider is indicated as "Y- Biller only" the provider can only be submitted in the billing provider field. A different provider that is certified to render will be required in the rendering provider field. 2. If the provider is indicated as "N- Performer only" the provider can only be submitted in the rendering field. A different provider that is certified to bill will be required in the billing provider field. 3. If the provider is "B-Biller and Performer" the provider can be submitted in both the billing and rendering fields.

Provider type and specialty values and the descriptions:

PT Code	Type Description		PS Code	Specialty Description
XX	A specific provider type		000	All Provider Specialties (under the specific provider type)
01	Hospital		010	Inpatient/Outpatient Hospital
02	Ambulatory Surgical Center (ASC)		020	Ambulatory Surgical Center (ASC)
03	Nursing Facility		035	Skilled Nursing Facility
04	Rehabilitation Agency		040	Restorative Care/Therapy
04	Rehabilitation Agency		080	Federally Qualified Health Center
05	Home Health/Personal Care Agency		050	Home Health Agency

PT Code	Type Description		PS Code	Specialty Description
05	Home Health/Personal Care Agency		052	Personal Care Agency
05	Home Health/Personal Care Agency		053	Home Health/Personal Care Agency
05	Home Health/Personal Care Agency		080	Federally Qualified Health Center
06	Hospice		050	Home Health Agency
06	Hospice		061	Hospital
06	Hospice		063	Free Standing
06	Hospice		064	Nursing Home
06	Hospice		080	Federally Qualified Health Center
09	Nurse Practitioner		090	Certified Pediatric Nurse Practitioner
09	Nurse Practitioner		092	Certified Family Nurse Practitioner
09	Nurse Practitioner		093	Other Nurse Practitioner
09	Nurse Practitioner		095	Nurse Practitioner/Nurse Midwife
09	Nurse Practitioner		900	Group
10	Physician Assistant		100	Physician Assistant
11	Mental Health and Substance Abuse Services		080	Federally Qualified Health Center
11	Mental Health and Substance Abuse Services		112	Licensed Psychologist (PhD)
11	Mental Health and Substance Abuse Services		117	Psychiatric Nurse
11	Mental Health and Substance Abuse Services		120	Licensed Psychotherapist
11	Mental Health and Substance Abuse Services		121	Licensed Psychotherapist with SAC
11	Mental Health and Substance Abuse Services		122	Alcohol and Other Drug Abuse Counselor
11	Mental Health and Substance Abuse Services		123	Certified Psychotherapist with SAC
11	Mental Health and Substance Abuse Services		124	Certified Psychotherapist
11	Mental Health and Substance Abuse Services		125	Advanced Practice Nurse Prescriber
11	Mental Health and Substance Abuse Services		126	Qualified Treatment Trainee
11	Mental Health and Substance Abuse Services		801	Mental Health Agency
11	Mental Health and Substance Abuse Services		802	Substance Abuse Agency
11	Mental Health and Substance Abuse Services		803	MH/SA Agency
11	Mental Health and Substance Abuse Services		900	Group
12	School Based Services		770	CESA
12	School Based Services		771	School District

PT Code	Type Description		PS Code	Specialty Description
13	Community Recovery Services		130	Community Recovery Services
14	Podiatrist		140	Podiatrist
14	Podiatrist		900	Group
15	Chiropractor		150	Chiropractor
15	Chiropractor		900	Group
16	Nurse Service		160	Registered Nurse
16	Nurse Service		161	Licensed Practical Nurse
16	Nurse Service		208	LPN/RCS
16	Nurse Service		209	RN/RCS
16	Nurse Service		212	Nurse Midwife
16	Nurse Service		900	Group
17	Therapy Group		900	Group
18	Optometrist		180	Optometrist
18	Optometrist		192	Therapeutic Pharmaceutical Agents
18	Optometrist		900	Group
19	Optician		190	Optician
19	Optician		191	SPEC Contractor
20	Audiologist		200	Audiologist
20	Audiologist		900	Group
21	Case Management		080	Federally Qualified Health Center
21	Case Management		751	Public Sector
21	Case Management		752	Private Sector
22	Hearing Instrument Specialist		220	Hearing Instrument Specialist
22	Hearing Instrument Specialist		900	Group
24	Pharmacy		240	Pharmacy
25	Medical Equipment Vendor		080	Federally Qualified Health Center
25	Medical Equipment Vendor		250	Medical Equipment Vendor
25	Medical Equipment Vendor		251	Medical Supply Contractor
26	Ambulance		080	Federally Qualified Health Center
26	Ambulance		261	Air Ambulance
26	Ambulance		268	Water Ambulance
26	Ambulance		510	Basic Life Support Statewide
26	Ambulance		511	Advanced Life Support Statewide
26	Ambulance		512	Basic Life Support Metro
26	Ambulance		513	Advanced Life Support Metro
26	Ambulance		514	Basic Life Support Milwaukee County
26	Ambulance		515	Advanced Life Support Milwaukee County
27	Dentist		270	Endodontics
27	Dentist		271	General Practice
27	Dentist		272	Oral Surgery
27	Dentist		273	Orthodontics
27	Dentist		274	Pediatric Dentist
27	Dentist		275	Periodontics
27	Dentist		276	Oral Pathology
27	Dentist		277	Prosthodontics
27	Dentist		289	Dental Hygienist

PT Code	Type Description		PS Code	Specialty Description
27	Dentist		900	Group
28	Independent Lab		280	Independent Lab
28	Independent Lab		283	Blood Bank
29	Portable X-Ray		291	Portable X-Ray
30	End Stage Renal Disease		080	Federally Qualified Health Center
30	End Stage Renal Disease		300	Free Standing
30	End Stage Renal Disease		301	Hospital Affiliated
31	Physician		310	Allergy & Immunology
31	Physician		311	Anesthesiology
31	Physician		312	Cardiovascular Disease
31	Physician		314	Dermatology
31	Physician		315	Emergency Medicine
31	Physician		316	Family Practice
31	Physician		317	Gastroenterology
31	Physician		318	General Practice
31	Physician		319	General Surgery
31	Physician		320	Geriatrics
31	Physician		322	Internal Medicine
31	Physician		324	Nephrology
31	Physician		325	Neurological Surgery
31	Physician		326	Neurology
31	Physician		327	Nuclear Medicine
31	Physician		328	Obstetrics and Gynecology
31	Physician		329	Oncology and Hematology
31	Physician		330	Ophthalmology
31	Physician		331	Orthopedic Surgery
31	Physician		332	Otolaryngology
31	Physician		333	Pathology
31	Physician		336	Physical Medicine and Rehab
31	Physician		337	Plastic Surgery
31	Physician		338	Proctology
31	Physician		339	Psychiatry
31	Physician		340	Pulmonary Disease
31	Physician		341	Radiology
31	Physician		342	Thoracic and Cardiovascular Surgery
31	Physician		343	Urology
31	Physician		345	Pediatrician
31	Physician		354	Preventative Medicine
32	Anesthetist		094	CRNA
32	Anesthetist		101	Anesthesiologist Assistant
32	Anesthetist		900	Group
33	Physician Group		310	Allergy & Immunology
33	Physician Group		311	Anesthesiology
33	Physician Group		312	Cardiovascular Disease
33	Physician Group		314	Dermatology
33	Physician Group		315	Emergency Medicine
33	Physician Group		316	Family Practice
33	Physician Group		317	Gastroenterology

PT Code	Type Description		PS Code	Specialty Description
33	Physician Group		318	General Practice
33	Physician Group		319	General Surgery
33	Physician Group		320	Geriatrics
33	Physician Group		322	Internal Medicine
33	Physician Group		324	Nephrology
33	Physician Group		325	Neurological Surgery
33	Physician Group		326	Neurology
33	Physician Group		327	Nuclear Medicine
33	Physician Group		328	Obstetrics and Gynecology
33	Physician Group		329	Oncology and Hematology
33	Physician Group		330	Ophthalmology
33	Physician Group		331	Orthopedic Surgery
33	Physician Group		332	Otolaryngology
33	Physician Group		333	Pathology
33	Physician Group		336	Physical Medicine and Rehab
33	Physician Group		337	Plastic Surgery
33	Physician Group		338	Proctology
33	Physician Group		339	Psychiatry
33	Physician Group		340	Pulmonary Disease
33	Physician Group		341	Radiology
33	Physician Group		342	Thoracic and Cardiovascular Surgery
33	Physician Group		343	Urology
33	Physician Group		345	Pediatrician
33	Physician Group		354	Preventative Medicine
33	Physician Group		900	Group
51	Transportation		080	Federally Qualified Health Center
51	Transportation		520	Specialized Medical Vehicle
52	Narcotic Treatment Service		160	Registered Nurse
52	Narcotic Treatment Service		161	Licensed Practical Nurse
52	Narcotic Treatment Service		532	Registered Alcohol and Drug Counselor (RADC)/NTS
52	Narcotic Treatment Service		900	Group
53	Individual Medical Supply		080	Federally Qualified Health Center
53	Individual Medical Supply		540	Individual Orthotist
53	Individual Medical Supply		541	Individual Prosthetist
53	Individual Medical Supply		542	Individual Orthotist/Prosthetist
53	Individual Medical Supply		543	Other Individual Medical Supply
57	Facility for the Developmentally Disabled (FDD)		700	SNF/ICF/FDD
57	Facility for the Developmentally Disabled (FDD)		702	Centers
58	Institution for Mental Disease		010	Inpatient/Outpatient Hospital
58	Institution for Mental Disease		712	AODA General Hospital
58	Institution for Mental Disease		713	Psychiatric Hospital
61	Prenatal Care Coordination		080	Federally Qualified Health Center
61	Prenatal Care Coordination		751	Public Sector
61	Prenatal Care Coordination		752	Private Sector

PT Code	Type Description		PS Code	Specialty Description
63	High Cost Medically Complex Recipient - Case Management		765	High Cost Case Management
65	HMOs & Other Managed Care Programs		780	Managed Care Payee Provider
65	HMOs & Other Managed Care Programs		781	Managed Care Assigned Provider
65	HMOs & Other Managed Care Programs		782	Transportation Manager Payee
65	HMOs & Other Managed Care Programs		783	Transportation Manager Assigned
65	HMOs & Other Managed Care Programs		784	PIHP (Prepaid Inpatient Health Plans)
67	Day Treatment		010	Inpatient/Outpatient Hospital
67	Day Treatment		080	Federally Qualified Health Center
67	Day Treatment		801	Mental Health Agency
67	Day Treatment		802	Substance Abuse Agency
67	Day Treatment		803	MH/SA Agency
69	Community Care Organization		831	Barron Co.
69	Community Care Organization		832	Lacrosse Co.
69	Community Care Organization		833	Milwaukee Co.
70	Rural Health Clinic		184	Hospital Affiliated Clinic
70	Rural Health Clinic		185	Free Standing Clinic
71	Family Planning Clinic		080	Federally Qualified Health Center
71	Family Planning Clinic		083	Family Planning
72	HealthCheck		080	Federally Qualified Health Center
72	HealthCheck		733	Case Management Only
72	HealthCheck		734	Screener
72	HealthCheck		735	Screener Case Management
73	HealthCheck "Other Services"		740	Mental Health
73	HealthCheck "Other Services"		741	Residential Care Center for Children/Group Home
73	HealthCheck "Other Services"		742	WIC Agency
73	HealthCheck "Other Services"		743	Pediatric Community Care
73	HealthCheck "Other Services"		744	Other
74	Speech & Hearing Clinic		182	Speech and Hearing
75	Federally Qualified Health Clinic (FQHC)		080	Federally Qualified Health Center
77	Physical Therapy		170	Physical Therapist
77	Physical Therapy		175	Physical Therapy Assistant
77	Physical Therapy		900	Group
78	Occupational Therapist		171	Occupational Therapist
78	Occupational Therapist		174	Occupational Therapy Assistant
78	Occupational Therapist		900	Group
79	Speech-Language Pathology		173	SLP Master Level
79	Speech-Language Pathology		176	SLP Bachelor Level
79	Speech-Language Pathology		900	Group
80	Crisis/CCS/CSP		080	Federally Qualified Health Center

PT Code	Type Description		PS Code	Specialty Description
80	Crisis/CCS/CSP		650	Crisis Intervention
80	Crisis/CCS/CSP		651	Community Support Program (CSP)
80	Crisis/CCS/CSP		652	Comprehensive Community Services (CCS)
80	Crisis/CCS/CSP		653	Crisis Intervention & CSP
80	Crisis/CCS/CSP		654	Crisis Intervention & CCS
80	Crisis/CCS/CSP		655	CSP & CCS
80	Crisis/CCS/CSP		656	Crisis Intervention/CSP/CCS
81	WPI "Other" (Wisconsin Provider Index use only)		810	WPI "Other"

3.4 Pricing Indicator Codes

The pricing indicator dictates the method utilized for pricing.

Pricing Indictor Code	Description
ANESTH	The system utilizes the Anesthesia pricing methodology.
MAXFEE	The system utilizes the procedure max fee rate on file.
SYSMAN	The system suspends the claim for manual pricing.
BILLED	The system prices utilizes the billed amount on the claim detail.

3.5 Rate Type Codes

A rate type is used in conjunction with the pricing indicator and contract to identify the rate to be utilized to calculate the allowable amount for the service. The rate type allows the same pricing methodologies, however a different rate for the same procedure code. There are specific rate types for every contract and additional rate types will be added as needed.

Rate types and the description.

Rate type	Description
C01	AMB SURG CTR
C02	AMBULANCE
C03	ANSTHESIA
C04	ASSIST SURGY
C05	AUDIO - PURCH AID

Rate type	Description
C07	CHIRO
C09	CASEMGT
C10	DENTAL
C11	PURCHASE DME
C12	DISP MED SUPPLY
C13	DAY TRTMT AODA
C14	DAY TRTMT CHILD
C17	HLTHCK CASE MGT
C18	HGH CST MD CMPLX
C19	HLTHCK PED CAR
C21	RESP CARE
C22	HM HLTH PERS CARE
C30	MED SERVICE
C31	MH AUTISM EVAL
C32	MH AODA
C33	MH COMP COMM
C34	MH CRISIS INTVN
C35	MH COMM SUPRT
C36	MH HOME COMM
C37	MH HOME PSYCH
C38	MH NARC TRTMNT
C43	PN CHLD CARE
C44	RADIOLOGY
C45	REHABILITATION
C46	SCHL BASE SERV
C47	SPECL MED VECH
C48	VISION SPEC
C49	THERAPY
C51	VISION
C52	MISCELANEOUS
C53	MHSA-PREGNANT WMN
C54	DISP MED SUPPLY J&B
C55	LTC TRANSPORT
CG1	PT GLOBAL (Not Modifier 26/TC)
DEF	DEFAULT
FAP	GEN PT-FAMILY PLANNING
GFP	GLOBAL-FAMILY PLANNING
HLK	HEALTHCHECK
HPC	PERSONAL CARE
LA5	LAB GLOBAL
LAC	OUTPATIENT LAB
LAP	LAB PROF (Modifier 26)
LAT	LAB TECH (Modifier TC)
MED	MEDICAL
OTH	OTHER
PA1	1 ADULT PTPS SPEC

Rate type	Description
PE1	MEDSV PEDIATRIC PT
PE2	ASTSG PEDIATRIC PT
PEA	ASTSG PEDIATRIC
PEM	MEDSV PEDIATRIC
PEO	MEDSV PEDIATRIC OTH
PFA	PROF – FAMPLAN - ADULT
PFP	PROF-FAMILY PLAN (Modifier 26)
PR1	PT-PROFESSIONAL (Modifier 26)
PR2	PT – PROF - ADULT
PRA	PROFESSIONAL - ADULT
PRO	PROFESSIONAL (Modifier 26)
PT1	1 PTPS SPECIFIC
PT2	2 PTPS SPECIFIC
PT3	3 PTPS SPECIFIC
PT4	4 PTPS SPECIFIC
PT5	5 PTPS SPECIFIC
PT6	6 PTPS SPECIFIC
QTT	QUALIFIED TREATMENT TRAINEE
RNT	RENTAL AID (Modifier RR)
RTL	RENTAL DME (Modifier RR)
RWI	RURAL WI CTYS
TE1	PT-TECHNICAL (Modifier TC)
TEC	TECHNICAL (Modifier TC)
TFP	TECH-FAMILY PLAN (Modifier TC)
005	BROWN CTY
008	CALUMET CTY
009	CHIPPEWA CTY
011	COLUMBIA CTY
013	DANE CTY
016	DOUGLAS CTY
018	EAU CLAIRE CTY
020	FOND DU LAC CTY
025	IOWA CTY
030	KENOSHA CTY
031	KEWAUNEE CTY
032	LA CROSSE CTY
037	MARATHON CTY
040	MILWAUKEE CTY
042	OCONTO CTY
044	OUTAGAMIE CTY
045	OZAUKEE CTY
047	PIERCE CTY
051	RACINE CTY
053	ROCK CTY
055	ST CROIX CTY
059	SHEBOYGAN CTY

Rate type	Description
066	WASHINGTON CTY
067	WAUKESHA CTY
070	WINNEBAGO CTY
094	ILL BORDER CTYS
095	IOWA BORDER CTYS
096	MICH BORDER CTYS

3.6 Benefit Adjustment Factor (BAF) Codes

The Benefit Adjustment Factor (BAF) provides the ability to alter an existing allowed amount by a rate, percentage or a series of a rate and percentages to increase or reduce the allowed amount. Please see section 5.2 for additional details and pricing calculations.

BAF code, description and the adjustment factor.

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
20	Adjustment of 20% **Applicable Contracts:** DENTL Modifier 80, MEDSV and VISN Modifier 55		.200	Before
50	Adjustment of 50% **Applicable Contracts:** AMBUL Modifier GM, DME Modifier TW		.500	Before
60	Adjustment of 60% of the billed amount. **Applicable Contract:** MEDSV		.600	After
80	Adjustment of 80% **Applicable Contracts:** MEDSV Modifier 54		.800	Before
90	Adjustment of 90% **Applicable Contracts:** THERP and REHAB Modifier TF		.900	Before
150	Adjustment of 150% **Applicable Contracts:** MEDSV, ASTSG, RDLGY, VISN Modifiers 50		1.500	Before
80DME	Adjustment of 80% of the billed amount. **Applicable Contracts:** DME		.800	After

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
80HOSPL	Adjustment of 80% of the maximum allowable fee, when service rendered in a hospital or ambulatory surgical place of service (21, 22, 24) **Applicable Contracts:** MEDSV Refer to Provider *Update* 2012-13 for more information on this policy, including the list of procedure codes impacted.		.800	Before
DNTL10414	Dental Incentive when recipient is under the age of 21.	$104.14		Before
DNTL105	Dental Incentive when recipient is under the age of 21.	$1.05		Before
DNTL10579	Dental Incentive when recipient is under the age of 21.	$105.79		Before
DNTL1062	Dental Incentive when recipient is under the age of 21.	$10.62		Before
DNTL1098	Dental Incentive when recipient is under the age of 21.	$10.98		Before
DNTL1117	Dental Incentive when recipient is under the age of 21.	$11.17		Before
DNTL115	Dental Incentive when recipient is under the age of 21.	$1.15		Before
DNTL1181	Dental Incentive when recipient is under the age of 21.	$11.81		Before
DNTL1198	Dental Incentive when recipient is under the age of 21.	$11.98		Before
DNTL1215	Dental Incentive when recipient is under the age of 21.	$12.15		Before
DNTL122	Dental Incentive when recipient is under the age of 21.	$1.22		Before
DNTL1226	Dental Incentive when recipient is under the age of 21.	$12.26		Before
DNTL1230	Dental Incentive when recipient is under the age of 21.	$12.30		Before
DNTL1238	Dental Incentive when recipient is under the age of 21.	$12.38		Before
DNTL1281	Dental Incentive when recipient is under the age of 21.	$12.81		Before
DNTL13219	Dental Incentive when recipient is under the age of 21.	$132.19		Before
DNTL13770	Dental Incentive when recipient is under the age of 21.	$137.70		Before
DNTL13802	Dental Incentive when recipient is under the age of 21.	$138.02		Before
DNTL146066	Dental Incentive when recipient is under the age of 21.	$1,460.66		Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
DNTL14624	Dental Incentive when recipient is under the age of 21.	$146.24		Before
DNTL1497	Dental Incentive when recipient is under the age of 21.	$14.97		Before
DNTL14975	Dental Incentive when recipient is under the age of 21.	$149.75		Before
DNTL154	Dental Incentive when recipient is under the age of 21.	$1.54		Before
DNTL1568	Dental Incentive when recipient is under the age of 21.	$15.68		Before
DNTL1616	Dental Incentive when recipient is under the age of 21.	$16.16		Before
DNTL164	Dental Incentive when recipient is under the age of 21.	$1.64		Before
DNTL167	Dental Incentive when recipient is under the age of 21.	$1.67		Before
DNTL1741	Dental Incentive when recipient is under the age of 21.	$17.41		Before
DNTL1755	Dental Incentive when recipient is under the age of 21.	$17.55		Before
DNTL180	Dental Incentive when recipient is under the age of 21.	$1.80		Before
DNTL1800	Dental Incentive when recipient is under the age of 21.	$18.00		Before
DNTL1813	Dental Incentive when recipient is under the age of 21.	$18.13		Before
DNTL1834	Dental Incentive when recipient is under the age of 21.	$18.34		Before
DNTL18794	Dental Incentive when recipient is under the age of 21.	$187.94		Before
DNTL188	Dental Incentive when recipient is under the age of 21.	$1.88		Before
DNTL190	Dental Incentive when recipient is under the age of 21.	$1.90		Before
DNTL1919	Dental Incentive when recipient is under the age of 21.	$19.19		Before
DNTL202	Dental Incentive when recipient is under the age of 21.	$2.02		Before
DNTL2050	Dental Incentive when recipient is under the age of 21.	$20.50		Before
DNTL2061	Dental Incentive when recipient is under the age of 21.	$20.61		Before
DNTL2122	Dental Incentive when recipient is under the age of 21.	$21.22		Before
DNTL218	Dental Incentive when recipient is under the age of 21.	$2.18		Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
DNTL2183	Dental Incentive when recipient is under the age of 21.	$21.83		Before
DNTL2324	Dental Incentive when recipient is under the age of 21.	$23.24		Before
DNTL235	Dental Incentive when recipient is under the age of 21.	$2.35		Before
DNTL239	Dental Incentive when recipient is under the age of 21.	$2.39		Before
DNTL246	Dental Incentive when recipient is under the age of 21.	$2.46		Before
DNTL256	Dental Incentive when recipient is under the age of 21.	$2.56		Before
DNTL2563	Dental Incentive when recipient is under the age of 21.	$25.63		Before
DNTL2607	Dental Incentive when recipient is under the age of 21.	$26.07		Before
DNTL262	Dental Incentive when recipient is under the age of 21.	$2.62		Before
DNTL263	Dental Incentive when recipient is under the age of 21.	$2.63		Before
DNTL266	Dental Incentive when recipient is under the age of 21.	$2.66		Before
DNTL268	Dental Incentive when recipient is under the age of 21.	$2.68		Before
DNTL2727	Dental Incentive when recipient is under the age of 21.	$27.27		Before
DNTL27590	Dental Incentive when recipient is under the age of 21.	$275.90		Before
DNTL278	Dental Incentive when recipient is under the age of 21.	$2.78		Before
DNTL279	Dental Incentive when recipient is under the age of 21.	$2.79		Before
DNTL282	Dental Incentive when recipient is under the age of 21.	$2.82		Before
DNTL283	Dental Incentive when recipient is under the age of 21.	$2.83		Before
DNTL3018	Dental Incentive when recipient is under the age of 21.	$30.18		Before
DNTL304	Dental Incentive when recipient is under the age of 21.	$3.04		Before
DNTL3241	Dental Incentive when recipient is under the age of 21.	$32.41		Before
DNTL327	Dental Incentive when recipient is under the age of 21.	$3.27		Before
DNTL328	Dental Incentive when recipient is under the age of 21.	$3.28		Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
DNTL3400	Dental Incentive when recipient is under the age of 21.	$34.00		Before
DNTL3416	Dental Incentive when recipient is under the age of 21.	$34.16		Before
DNTL342	Dental Incentive when recipient is under the age of 21.	$3.42		Before
DNTL35029	Dental Incentive when recipient is under the age of 21.	$350.29		Before
DNTL354	Dental Incentive when recipient is under the age of 21.	$3.54		Before
DNTL358	Dental Incentive when recipient is under the age of 21.	$3.58		Before
DNTL36	Dental Incentive when recipient is under the age of 21.	$0.36		Before
DNTL360	Dental Incentive when recipient is under the age of 21.	$3.60		Before
DNTL3655	Dental Incentive when recipient is under the age of 21.	$36.55		Before
DNTL368	Dental Incentive when recipient is under the age of 21.	$3.68		Before
DNTL3760	Dental Incentive when recipient is under the age of 21.	$37.60		Before
DNTL37747	Dental Incentive when recipient is under the age of 21.	$377.47		Before
DNTL379	Dental Incentive when recipient is under the age of 21.	$3.79		Before
DNTL3946	Dental Incentive when recipient is under the age of 21.	$39.46		Before
DNTL397	Dental Incentive when recipient is under the age of 21.	$3.97		Before
DNTL40074	Dental Incentive when recipient is under the age of 21.	$400.74		Before
DNTL402	Dental Incentive when recipient is under the age of 21.	$4.02		Before
DNTL41646	Dental Incentive when recipient is under the age of 21.	$416.46		Before
DNTL423	Dental Incentive when recipient is under the age of 21.	$4.23		Before
DNTL429	Dental Incentive when recipient is under the age of 21.	$4.29		Before
DNTL431	Dental Incentive when recipient is under the age of 21.	$4.31		Before
DNTL45	Dental Incentive when recipient is under the age of 21.	$0.45		Before
DNTL45329	Dental Incentive when recipient is under the age of 21.	$453.29		Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
DNTL4573	Dental Incentive when recipient is under the age of 21.	$45.73		Before
DNTL4597	Dental Incentive when recipient is under the age of 21.	$45.97		Before
DNTL4647	Dental Incentive when recipient is under the age of 21.	$46.47		Before
DNTL467	Dental Incentive when recipient is under the age of 21.	$4.67		Before
DNTL474	Dental Incentive when recipient is under the age of 21.	$4.74		Before
DNTL482	Dental Incentive when recipient is under the age of 21.	$4.82		Before
DNTL502	Dental Incentive when recipient is under the age of 21.	$5.02		Before
DNTL5103	Dental Incentive when recipient is under the age of 21.	$51.03		Before
DNTL511	Dental Incentive when recipient is under the age of 21.	$5.11		Before
DNTL5126	Dental Incentive when recipient is under the age of 21.	$51.26		Before
DNTL516	Dental Incentive when recipient is under the age of 21.	$5.16		Before
DNTL532	Dental Incentive when recipient is under the age of 21.	$5.32		Before
DNTL538	Dental Incentive when recipient is under the age of 21.	$5.38		Before
DNTL571	Dental Incentive when recipient is under the age of 21.	$5.71		Before
DNTL576	Dental Incentive when recipient is under the age of 21.	$5.76		Before
DNTL591	Dental Incentive when recipient is under the age of 21.	$5.91		Before
DNTL603	Dental Incentive when recipient is under the age of 21.	$6.03		Before
DNTL612	Dental Incentive when recipient is under the age of 21.	$6.12		Before
DNTL613	Dental Incentive when recipient is under the age of 21.	$6.13		Before
DNTL6411	Dental Incentive when recipient is under the age of 21.	$64.11		Before
DNTL647	Dental Incentive when recipient is under the age of 21.	$6.47		Before
DNTL650	Dental Incentive when recipient is under the age of 21.	$6.50		Before
DNTL66	Dental Incentive when recipient is under the age of 21.	$0.66		Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
DNTL6728	Dental Incentive when recipient is under the age of 21.	$67.28		Before
DNTL683	Dental Incentive when recipient is under the age of 21.	$6.83		Before
DNTL702	Dental Incentive when recipient is under the age of 21.	$7.02		Before
DNTL7099	Dental Incentive when recipient is under the age of 21.	$70.99		Before
DNTL7637	Dental Incentive when recipient is under the age of 21.	$76.37		Before
DNTL78	Dental Incentive when recipient is under the age of 21.	$0.78		Before
DNTL806	Dental Incentive when recipient is under the age of 21.	$8.06		Before
DNTL809	Dental Incentive when recipient is under the age of 21.	$8.09		Before
DNTL8292	Dental Incentive when recipient is under the age of 21.	$82.92		Before
DNTL8485	Dental Incentive when recipient is under the age of 21.	$84.85		Before
DNTL862	Dental Incentive when recipient is under the age of 21.	$8.62		Before
DNTL8626	Dental Incentive when recipient is under the age of 21.	$86.26		Before
DNTL878	Dental Incentive when recipient is under the age of 21.	$8.78		Before
DNTL893	Dental Incentive when recipient is under the age of 21.	$8.93		Before
DNTL90	Dental Incentive when recipient is under the age of 21.	$0.90		Before
DNTL915	Dental Incentive when recipient is under the age of 21.	$9.15		Before
DNTL929	Dental Incentive when recipient is under the age of 21.	$9.29		Before
DNTL9478	Dental Incentive when recipient is under the age of 21.	$94.78		Before
DNTL952	Dental Incentive when recipient is under the age of 21.	$9.52		Before
DNTL965	Dental Incentive when recipient is under the age of 21.	$9.65		Before
DNTL98	Dental Incentive when recipient is under the age of 21.	$0.98		Before
DNTL984	Dental Incentive when recipient is under the age of 21.	$9.84		Before
DNTL999	Dental Incentive when recipient is under the age of 21.	$9.99		Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
DNTLHOSP	Adjustment of 90% (Pediatric incentive pricing for dental services rendered in a hospital setting for eligible members on the date of service. Service is reimbursed at 90% of the billed amount.)		.9000	Before
FFPCCS5974	Federal share percentage for Comprehensive Community Services (CCS) for dates of process on/after 10/1/12		.5974	After
FFPCCS5906	Federal share percentage for Comprehensive Community Services (CCS) for dates of process on/after 10/1/13		.5906	After
FFPCMKID10	Federal share percentage for Case Management - Kids In Substitute Care (T2023) for dates of process on/after 10/1/10		.6016	Before
FFPCMKID13	Federal share percentage for Case Management - Kids In Substitute Care (T2023) for dates of process on/after 10/1/13		.5906	Before
FFPCSMG12	Federal share percentage for Targeted Case Management (T1017) for dates of process on/after 10/1/12		.5974	Before
FFPCSMG13	Federal share percentage for Targeted Case Management (T1017) for dates of process on/after 10/1/13		.5906	Before
FFPMH5974	Federal share percentage for Mental Health (Home/Community, Crisis Intervention, Community Support Program) for dates of process on/after 10/1/12		.5974	After
FFPMH5906	Federal share percentage for Mental Health (Home/Community, Crisis Intervention, Community Support Program) for dates of process on/after 10/1/13		.5906	After
FFPSBS60	Federal share percentage school based services 60% WI percent date of process from 2004-01-01		.60	Before
FFPSBS5974	Federal share percentage School Based Services 59.74% Federal percent. Date of process from 10/1/2012		.5974	Before
FFPSBS5906	Federal share percentage School Based Services 59.74% Federal percent. Date of process from 10/1/2013		.5906	Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
HPSA120	HPSA incentive when modifiers AQ, QB or QU are present.		1.20	Before
HPSA12919	HPSA incentive when modifiers AQ, QB or QU are present.		1.2919	Before
HPSA12923	HPSA incentive when modifiers AQ, QB or QU are present.		1.2923	Before
HPSA12926	HPSA incentive when modifiers AQ, QB or QU are present.		1.2926	Before
HPSA12937	HPSA incentive when modifiers AQ, QB or QU are present.		1.2937	Before
HPSA13591	HPSA incentive when modifiers AQ, QB or QU are present.		1.3591	Before
HPSA14381	HPSA incentive when modifiers AQ, QB or QU are present.		1.4381	Before
HPSA14978	HPSA incentive when modifiers AQ, QB or QU are present.		1.4978	Before
HPSA150	HPSA incentive when modifiers AQ, QB or QU are present.		1.50	Before
HPSA15551	HPSA incentive when modifiers AQ, QB or QU are present.		1.5551	Before
HPSA15869	HPSA incentive when modifiers AQ, QB or QU are present.		1.5869	Before
HPSA16015	HPSA incentive when modifiers AQ, QB or QU are present.		1.6015	Before
HPSA16336	HPSA incentive when modifiers AQ, QB or QU are present.		1.6336	Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
HPSA16595	HPSA incentive when modifiers AQ, QB or QU are present.		1.6595	Before
HPSA17788	HPSA incentive when modifiers AQ, QB or QU are present.		1.7788	Before
HPSA18088	HPSA incentive when modifiers AQ, QB or QU are present.		1.8088	Before
HPSA18149	HPSA incentive when modifiers AQ, QB or QU are present.		1.8149	Before
HPSA18450	HPSA incentive when modifiers AQ, QB or QU are present.		1.845	Before
HPSA19167	HPSA incentive when modifiers AQ, QB or QU are present.		1.9167	Before
HPSA19647	HPSA incentive when modifiers AQ, QB or QU are present.		1.9647	Before
HPSA20044	HPSA incentive when modifiers AQ, QB or QU are present.		2.0044	Before
HPSA21382	HPSA incentive when modifiers AQ, QB or QU are present.		2.1382	Before
HPSA22028	HPSA incentive when modifiers AQ, QB or QU are present.		2.2028	Before
HPSA25126	HPSA incentive when modifiers AQ, QB or QU are present.		2.5126	Before
HPSA40953	HPSA incentive when modifiers AQ, QB or QU are present.		4.0953	Before
HPSA41581	HPSA incentive when modifiers AQ, QB or QU are present.		4.1581	Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
TJ10767	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.0767	Before
TJ10768	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.0768	Before
TJ10769	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.0769	Before
TJ10770	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.0770	Before
TJ11330	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.133	Before
TJ11950	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.195	Before
TJ12012	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.2012	Before
TJ12963	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.2963	Before
TJ13225	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV and CHIRO		1.3225	Before
TJ13342	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.3342	Before
TJ13607	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.3607	Before
TJ13830	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.383	Before

BAF Code	BAF Description	Rate	Percent in decimal	Calculate Code (Before/ After)
TJ14826	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.4826	Before
TJ15074	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.5074	Before
TJ15126	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.5126	Before
TJ15374	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.5374	Before
TJ15977	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.5977	Before
TJ16372	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.6372	Before
TJ16701	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.6701	Before
TJ17819	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.7819	Before
TJ18357	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		1.8357	Before
TJ20940	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		2.094	Before
TJ34128	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		3.4128	Before
TJ34650	Group, child and/or adolescent incentive when modifier TJ is present. **Applicable Contracts:** MEDSV		3.4650	Before
U1ADMIN394	Add an administration fee of $3.94 for selected procedure codes.	$3.94		After

4 Nursing Home Extract Field Layout

4.1 Field Layout

Below is the field layout for the nursing home rate extract. Record sort order will be by county code and provider ID.

Field	Data Type	Max Length*	Description
County Code	Character	10	County code used to identify a geographical/political area in the state.
County Name	Character	12	Name of the specific county.
Provider ID	Character	10	Provider identification number.
Provider ID Type	Character	3	Identifies type of provider ID value, either NPI for National Provider Identifier or MCD for a proprietary provider ID if no NPI is on file for provider.
Proprietary Provider ID	Character	9	Proprietary provider ID.
Provider Name	Character	50	Provider's business or personal name. Personal names will be in format of LASTNAME (25 characters) FIRSTNAME (13 characters) MIDDLEINITIAL (1 character).
Revenue Code	Character	4	Code that identifies a specific accommodation or ancillary service.
Condition Code	Character	2	Code that identifies conditions relating to an institutional claim that may affect payer processing.
Rate	Number	8	Nursing home rate amount. Format is 999999.99.
Effective Date	Date	8	First date of service the rate is effective. Format is CCYYMMDD.
End Date	Date	8	Last date of service the rate is effective. Format is CCYYMMDD.

*Max Data Length including special characters such as decimals.

File Format: Text Delimited

Field Delimiter: Vertical Bar -> |

Frequency: First of every month.

Records included: The date of extract run is within the effective date and end date of an active provider rate record.

Record field order:

County Code|County Name|Provider ID|Provider ID Type|Proprietary Provider ID|Provider Name|Revenue Code|Condition Code|Rate|Effective|End

5 Professional Pricing

5.1 Max Fee Pricing

This method is identified by the pricing indicator MAXFEE. The max fee is a standard, statewide, maximum rate that can be paid for a procedure. The following calculation is used:

Allowed Amount = (Max Fee Rate * Units Allowed)

Allowed Amount = Lesser of Billed Amount or Allowed Amount

5.2 Benefit Adjustment Factor Pricing

The Benefit Adjustment Factor (BAF) provides the ability to alter an existing allowed amount by a percentage or a series of percentages to increase the allowed amount or reduce it. This type of adjustment works in conjunction with pricing methodologies to apply a percentage to the allowed amount.

The BAFs can also be used to pay additional set amounts that are not service related. The set amount for a BAF is added or subtracted from the calculated allowed amount after the specific pricing methodology was applied.

The combination of percentages and incentive amounts are allowable as well as applying multiple BAFs per single pricing methodology. The BAF provides a before/after flag that controls whether the BAF is applied before the allowed amount is compared to the billed amount. If the flag is set to "after", the BAF is applied to the allowed amount after the allowed amount is set to the lesser of the billed or allowed amount where applicable. The following calculation is used.

If the Benefit Adjustment Factor Before/After flag is set to **Before**:

1. Allowed Amount = (Max Fee Rate * Units Allowed)
2. Allowed Amount = (Allowed Amount * BAF Percentage) ***OR*** (Allowed Amount + BAF Incentive Amount)
3. Allowed Amount = Lesser of Billed Amount or Allowed Amount

Example:

ASTSG|Medical-Assistant Su|14301|Y||I~01/000;09/000;31/000;33/000||MAXFEE|C04|50|170.94|0.0|150|20100901|22991231|I~01;03;04;05;06;07;08;09;11;15;20;21;22;23;24;25;26;31;32;33;49;50;51;54;56;57;60;61;71;72;99

Claim billed amount: $300.00

Claim billed quantity: 1.0

Modifier billed: 50

Calculation:

1. Allowed Amount $170.94 = ($170.94 * 1.0)
2. Allowed Amount $256.41 = ($170.94 * 1.5)

3. Allowed Amount $256.41 = (Lesser of $300.00 or $256.41)

(

If the Benefit Adjustment Factor Before/After flag is set to **After**:

1. Allowed Amount = (Max Fee Rate * Units Allowed)
2. Allowed Amount = Lesser of Billed Amount or Allowed Amount
3. Allowed Amount = (Allowed Amount * BAF Percentage) ***OR*** (Allowed Amount + BAF Incentive Amount)

Example:

MHCSP|Mntl Hlth-Comm Sprt|H0039|B||I~80/651;80/653;80/655;80/656||MAXFEE|C35|HM|5.63|0.0|FFPMH6016|20040101|22991231|I~01;03;04;05;06;07;08;09;11;12;13;14;15;20;22;23;26;34;49;50;56;57;60;71;72;99

Claim billed amount: $5.00

Claim quantity billed: 1.0

Modifier billed: HM

Calculation:

1. Allowed Amount $5.63 = (5.63 * 1.0)
2. Allowed Amount $5.00 = (lesser of $5.00 or $5.63)
3. Allowed Amount $3.00 = ($5.00 * .6016)

Note: Each BAF code can only be assigned either a percentage or an incentive amount. The calculation above is used accordingly. For specific situations, additional criteria is outlined below for applying the BAF.

BIRTH TO 3 (Therapy services)

If the modifier TL is billed, and
the POS is 04, 12 or 99, and
the PT/PS is 17/000 74/000 77/000 78/000 79/000, and
the recipient is under the age of 3, the BAF amount is added to the allowed amount.

If the recipient is 3 and over, the BAF amount is not added to the allowed amount.

HPSA Codes

If the HPSA modifiers AQ, QB or QU are billed, and the recipients address is in the list of allowable HPSA zip codes, then the HPSA BAFs will apply.

5.3 Anesthesia Pricing

This method is identified by the pricing indicator code ANESTH. The max fee rate and relative value is used in this method. The following calculation for this method is used:

1 Units = 1 min

Units = (Units Allowed / 15.00) (Round to the hundredth).

Allowed Amount = (Max Fee Rate * (Relative Value + Units))

Allowed Amount = Lesser of Billed Amount or Allowed Amount

5.4 Contracted Rate Pricing

The pricing indicator code is MAXFEE. The contracted max fee allowed amount is always paid, even if it is greater than the billed amount. The following is the calculation used for this pricing:

Allowed Amount = (Max Fee Rate * Units Allowed)

The following contracts are applicable to this pricing:

- MHCSP - Mental Health Community Support Program
- MHHC - Mental Health - Mental Health and Substance Abuse Services in the Home or Community for Adults
- CSMGT - Case Management
- MHCI - Mental Health - Crisis Intervention
- SBS - School Based Services

5.5 UCC Pricing

This method is referred to as Usual and Customary Charge pricing. The rates will be provided separately from the rate extract file. Locate the provider's number and procedure code/modifier max fee rate, and then apply the following calculation for this method:

Allowed Amount = (UCC Rate * Units Allowed)

Allowed Amount = Lesser of Billed Amount or Allowed Amount

The following contracts are applicable to this method:

- DTMED - Day Treatment Medical
- REHAB - Therapy - Rehabilitation Centers - Occupational, Physical and Speech Therapy
- MHRCC - HealthCheck Other - Residential Care Centers

5.6 Manual Pricing

This method is identified by the pricing indicator code SYSMAN. Manual pricing is utilized when the procedure code is new and/or does not have enough charge history to permit determining a reimbursement rate. This method is also utilized for non-service specific "unlisted" procedure code that requiring a review of claim narratives to appropriately reimburse the provider for the services. The following calculation for this method is used:

Allowed Amount = allowed amount as determined

5.7 Pay as Billed

This method is identified by the pricing indicator code BILLED. Pay as billedl pricing is utilized when the procedure code is new and/or does not have enough charge history to permit determining a reimbursement rate. This method is usually accompanied by a Benefit Adjustment Factor (BAF) that calculates a percentage of the billed amount. The following calculation for this method is used:

Allowed Amount = pay as billed

5.8 Birth To Three (B-3)

This method is an incentive for providers to render therapeutic services for children under the age of three who meet criteria and are enrolled in the Wisconsin Birth To 3 program. Birth To 3 services are identified by the presence of modifier TL within the THERP and REHAB contracts. Procedures listed with an entry for the TL modifier will receive an additional incentive amount of $21.50, once per date of service, per member, per discipline (Occupational therapy, Physical therapy, Speech and language pathology), when all of the following criteria is met:

- Procedure code listed in extract with entry for TL modifier
- Modifier TL submitted on claim detail containing the procedure code
- Place of service on detail equals one of the following:
  - 04 (Homeless Shelter)
  - 12 (Home)
  - 99 (Other Place of Service)
- The rendering provider type is one of the following:
  - 04 (Rehabilitation Agency)
  - 17 (Therapy Group)
  - 74 (Speech & Hearing Clinic)
  - 77 (Physical Therapy)
  - 78 (Occupational Therapist)
  - 79 (Speech-Language Pathology)

6 Institutional Pricing

6.1 Outpatient Pricing

There are two methods of reimbursement associated with outpatient hospital claims. The following calculations are used depending on the provider's rate:

1. Allowed Amount = (Detail Billed Amount * Provider's Percentage)

    Note: If the provider has a rate of percent, the lab procedure codes are typically paid based on the Max Fee rates for that detail. The following is the calculation used:

    Allowed Amount = (Max Fee Rate * Units Allowed)

    Allowed Amount = Lesser of Billed Amount or Allowed Amount

2. Allowed Amount = (PerDiem Rate * Detail unduplicated dates)

The provider rates can be located on the ForwardHealth Website https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/medicaid/hospital/drg/drg.htm.spage. A file can be downloaded and contains the following information for locating the rate:

Hospital name, city, rate per visit, % of charges paid, effective date, end date.

6.2 DRG Inpatient Pricing

Inpatient pricing utilizes a DRG grouper process and is provided by Information Resource Products (IRP) a third party vendor. The grouper requires specific information received from the claim and from recipient data retrieved from the recipient subsystem to assign a DRG code per claim. Once a DRG code is assigned to the claim, the following is the calculation used for this pricing:

DRG Base Rate Calculation

DRG Allowed Amount = (Provider Base Rate * D-DRG Weight)

Cost Outlier Process

After every detail is processed, calculate the cost outlier amount as follows:
Cost Outlier Allowed amount = SUM (Billed Amount if the detail is in paid status)
Outlier = ((Cost Outlier Allowed Amount * P-Cost/Charge Rate) – (DRG Allowed Amount – P-Outlier Trim Point))
Outlier Allowed = (Outlier * (P-Paid Percentage + D-DRG Supplemental Percentage))

DRG Pricing Calculation

If the calculated Outlier allowed amount is greater than zero, add it to the DRG allowed amount.
If the calculated Outlier allowed amount is not greater than zero, the DRG allowed amount is not modified.
Allowed Amount = DRG Allowed Amount

The provider rates and weights can be located on the ForwardHealth Website https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/medicaid/hospital/d

rg/drg.htm.spage. Files can be downloaded and contains the following information for locating the rates and weights:

Rates:

City, hospital name , DRG base rate (calculated by adding together Base Rate ,Capital Amount , and Educational Amount), cost to charge ratio, trim point, var cost factor , disproportionate percentage, effective date, end date.

DRG weights:

DRG, description of DRG, weight

6.3 Nursing Home Pricing

Nursing home stays are priced using individual nursing home provider rates. The rates per nursing home will be available for download through the portal in a separate file. The following is the calculation used for this pricing:

Allowed Amount = (Units Allowed * Provider's Rate)

6.4 Hospice Pricing

Hospice claims are priced based on the procedure code. The rates are dependent on the provider's or recipient's county.

The following codes utilize the max fee method. The rate type will distinguish the different rates by county:

- Procedure codes T2042, T2043 are based on the recipient's county.
- Procedure codes T2044, T2045 are based on the provider's county.

Rural Counties include: Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Clark, Crawford, Dodge, Door, Dunn, Florence, Forest, Grant, Green, Green Lake, Iron, Jackson, Jefferson, Juneau, Lafayette, Langlade, Lincoln, Manitowoc, Marinette, Marquette, Monroe, Oneida, Pepin, Polk, Portage, Price, Richland, Rusk, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Waupaca, Waushara, Wood, and Menominee

7 Change Log

The following table reviews the major edits and modifications:

Date / Version	Section	Edit
April 1, 2008 Version 1.0	Created Document	
May 28, 2008 Version 1.1	Updates	➢ Page 2 – Updated examples and added "max fee" ➢ Page 3 – Typo; from = to + ➢ Page 3 – BAF max field length ➢ Page 4 – Updated record example ➢ Page 6 – Updated BP list to include BCBEE ➢ Page 28 – Added NH extract field layout ➢ Page 32 – Updated source for NH rates
July 8, 2008 Version 1.2	Updates	➢ Page 3 – Added "end of record" ➢ Page 5 and 6 – Updated contract table to include contract criteria ➢ Page 12 and 13 – Updated rate type table to include modifiers for specific rate types ➢ Page 14 through 25 – Updated BAF table to include applicable contracts ➢ Page 31 – Added rural hospice counties

November 1, 2008 Version 1.2	Updates	➢ TOC – Updated with current page numbers ➢ Page 2 – Updated age field length ➢ Page 5 – Updated Provider Contract table and added rate type column and criteria. ➢ Page 8 – Clarified PT/PS values for a performing provider. ➢ Page 14 – Removed a discontinued rate type KSC ➢ Page 14 – Updated rate type table to include current rate types and criteria ➢ Page 16 – Updated list with current BAF's ➢ Page 29 – Clarified BAF methodology
January 29, 2009 Version 1.3	Updates	➢ TOC – Updated with current page numbers ➢ Page 4 – Updated Field Layout for the BC+ BM Billing Indicator ➢ Page 5-6 – Updated Examples to include new BC+ values ➢ Page 9 – Updated Benefit Plan list
August 6, 2009 Version 1.4	Updates	➢ Page 8 – Updated MEDSV rate type ➢ Page 9-10 – Added additional provider contracts and descp. ➢ Page 10 – Added new benefit plan
November 2, 2009 Version 1.5	Updates	➢ Page 25-26, 29 – Added new BAFs: FFPCCS6021, FFPMH6021, FFPCSMG09, FFPCMKID09, U1ADMIN394 ➢ Page 19 – Added new Rate Types: PE1, PE2, PEA, PEM, PEO
January 7, 2010 Version 1.6	Updates	➢ Miscellaneous grammatical changes ➢ Page 31-35 – Updated pricing methods
February 2, 2010 Version 1.7	Updates	➢ Page 9 – Updated descp MHPW and added new contract DMSJB ➢ Page 13 – Added new PT/PS 25/251 ➢ Page 18-19 – Added additional rate types

		➢ Page 26 – Added additional BAFs
March 1, 2010 Version 1.8	Updates	➢ All – Changes EDS references to HP. ➢ Page 25 – Added additional BAF FFPCCS5841.
August 1, 2010 Version 1.9	Updates	➢ Page 4-5 – Updated field layout ➢ Pages 5-10 – Updated record examples
October 4, 2010 Version 2.0	Updates	➢ Pages 5-8 – Updated record examples ➢ Page 12 – Added LTC and MHCRS to contract code tables. ➢ Page 14 – Added new PT/PS 13/130 ➢ Page 18 – Added new pricing indicator BILLED ➢ Page 19-21 – Updated rate types to include C06, C55, C56 and CMC ➢ Page 27-29 – Updated BAF table with the new Federal Share BAFs and Dental BAF. ➢ Pages 34-35 – Added examples of the BAF calculations. ➢ Page 37 – Added pay as billed pricing method.
October 20, 2010 Version 2.1	Updates	➢ Pages 21-32 – Updated BAF list to include new MEDSV, DME, WCDK, CRS BAFs. Also removed some duplicate/obsolete BAFs.
November 10, 2010 Version 2.2	Updates	➢ Pages 5-8 – Updated all extract layout examples
January 3, 2012 Version 2.3	Updates	➢ All pages – Reorganized/alphabetized tables as applicable, including the update of values to match those currently present in max fee extract. ➢ Page 37 – Inserted pricing methodology for Birth To 3 program.
April 19, 2012 Version 2.4	Updates	➢ Page 9 – Update DMSJB contract-specific provider to identify J & B Medical vendor provider type/specialty. ➢ Page 12 – Added information pertaining to new ESRD reimbursement policy, including URL of relevant Medicaid Provider *Update*.

July 16, 2012 Version 2.5	Updates	➢ Cover – Updated ForwardHealth fiscal agent physical address ➢ Page 22 – Added 80HOSPL BAF for hospital/ASC place of service-based reimbursement reduction ➢ Page 29 – Added new SBS federal share BAF.
October 12, 2012 Version 2.6	Updates	➢ Pages 28-29 – Added new mental health, CCS, and case management BAFs.
February 28, 2013 Version 2.7	Updates	➢ Page 10 – Added HIVHH to list of Provider Contracts. ➢ Page 21 – Added QTT rate type for Qualified Treatment Trainee providers. ➢ Page 37 – Clarified rounding unit for anesthesia pricing.
January 7, 2014 Version 2.8	Updates	➢ Pages 11-12 – Updated/clarified provider contracts listing to include outpatient hospital (OUTPA) to document max fee reimbursement on laboratory services. ➢ Page 18 – Added specialty 784 (PIHP) to PT 65 (HMO/MCO) provider type listing. ➢ Page 20 – Added rate type LAC for OUTPA provider contract laboratory services. ➢ Page 24 – Removed obsolete DNTL170 benefit adjustment factor (BAF). ➢ Pages 28-29 – Added benefit adjustment factors (BAFs) for FY 2014 federal share programs (mental health/school based services). Removed obsolete BAFs.
April 21, 2014 Version 2.9	Updates	➢ Pages 4, 12-13 – Added statement to BadgerCare Plus plans that are obsolete as of April 1st, 2014. ➢ Page 18 – Added new provider specialty for HealthCheck "Other"